

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400100008-9

SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

325

J. S. **COST REIMBURSABLE**
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1183

To _____
(Payee)

PAID BY

SAPC 7885
COPY / OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				28	96
Use continuation sheet(s) if necessary						Total	\$ 28 96
Shipped from _____ to _____ Weight _____ Government B/L No. _____					Total		
I certify that the above bill is correct and just and that payment has not been received.			(Payee must NOT use this space)				
STATINTL (Sign original only)			Differences _____				
Date 7/		STATINTL					
Per		Title	Amount verified; correct for (Signature or initials) Jals		28 96		

Contract No. A101	Date	Req. No.	Date	Invoice Rec'd.
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.				
By	STATINTL	SIGN ORIGINAL ONLY	Title	STATINTL
Title _____ Date _____				

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

APPROVING OFFICER 27 JUL 1956

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in favor of payee named above.
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify purchases and services is not delegated to the approving officer, it is necessary; otherwise the approving officer will sign on the line below "Approved for _____" and

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Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. **COST REIMBURSABLE** Sheet No. 1 of Bureau Voucher No. 325
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - Costs applicable to all systems					
		Direct Costs Properly Chargeable to Contract A101 for the period 6/18/56 thru 6-24-56					
		Labor Week Ending June 24, 1956					
STATINTL		Overhead computed for Communications Division at interim rate of [REDACTED]					
STATINTL		Other Costs - per schedule attached					18 19
J		Total Labor, Overhead and Other Costs					
STATINTL		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					\$28 96

STATINTL

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